

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04856 11

Reg. Dist. No. 52

1. PLACE OF DEATH:

County Calvert

City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Calvert County Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Helem Alberta Cochran Bafford.

3. (b) Social Security Number

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced m

8.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 76 Months Days If less than one day hrs. min.

9. Birthplace md.
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

12. Name Thomas Grierson

13. Birthplace Calvert Co. md.

14. Maiden name Mary E. Hutchins

15. Birthplace Calvert Co. md.

16. Informant Mrs Mary Anderson

Address D.S.

17. Burial Date thereof 6/15/47
(Burial, cremation, or removal, Which) (month) (day) (year)

Cemetery or crematorium St. Paul

Location Prince Frederick

18. Funeral director Wm. H. Hutchins

Address Quincy md.

19. June 16 1947 Grace L. Hutchins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/12 1947 at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19

and that I last saw h. alive on 19

Immediate cause of death myocardial infarct

DURATION

Due to atherosclerosis with

Due to diabetic mellitus

Due to diabetic gangrene

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE H. W. M. D. L. H. M. D.
M. D. or other

Address Edinting Town md. Date signed 6/14/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 20 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04857

141

1. PLACE OF DEATH:

County Cabnet
City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cabnet County Hospital
How long in hospital or institution? 8 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Cabnet
City or town Barstow
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Albert F. Bowen

3. (b) Social Security Number

70

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

8. (b) Name of husband or wife

Sally Z. Bowen

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Apr. 10, 1866

8. AGE:

Years

Months

Days

If less than one day

81

2

19

hrs.

min.

9. Birthplace

Cabnet County, Md
(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

FATHER

12. Name

Wesley W. Bowen

13. Birthplace

Md

MOTHER

14. Maiden name

Elizabeth Sedwick

15. Birthplace

Md

16. Informant

Shelton Bowen

Address

Barstow, Md

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

July 1, 1947
(month) (day) (year)

Cemetery or crematory

Central

Location

Barstow, Md

18. Funeral director

A. A. Hackmuss & Son

Address

Mutual, Md.

19.

6-30-47
(Date rec'd by registrar)

19 47

H. W. Ward
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 29, 1947, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

18

to

19

and that I last saw him alive on

19

Immediate cause of death

Serious

DURATION

Due to

Cabnet Co

Due to

Serious arterial disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. H. Villanueva

M. D. or other

Address

87 Remond

Date signed

June 30, 47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/a

Reg. Diat. No. 51

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Calvert Hospital
 County Prince Frederick md.
 City or town Prince Frederick md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Calvert
 City or town Owings
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.

3. (a) FULL NAME George T. Giles

3. (b) Social Security Number

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced X

B. (b) Name of husband or wife Hattie P. Giles

7. Birth date of deceased (mo., day, yr.) 7, 1863 6. (c) If alive, give age 54 years

8. AGE: Years 84 Months md Days Farmer If less than one day hrs. min.

9. Birthplace md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Jerry Giles

13. Birthplace md.

14. Maiden name Mary J. Parker

15. Birthplace md

16. Informant Hattie T. Giles

Address Owings, md.

17. Burial Date thereof 6-21-47

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory mt Hope

Location Calvert

18. Funeral director P.E. Sewell

Address Prince Frederick md

19. 6-21 1947 N.W. Ward

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 June 1947 at 10³⁰ P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 June 1945 to 19 June 1947
 and that I last saw him alive on 19 June 1947

Immediate cause of death Hypertension cardiac vascular
renal disease
 Due to arteriosclerosis

Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or other

Address [Signature] Date signed [Signature]

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED

JUN 25 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170c

04859

Reg. Dist. No. 50

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Calvert
 City or town Lusby
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Calvert
 City or town Lusby
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war World War #2 (1941)

3. (a) FULL NAME

John Wesley Gough

3. (b) Social Security Number

4. Sex

male

5. Color or race

Black

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Catherine Gough

7. Birth date of deceased (mo., day, yr.)

March 11-1912

5. (c) If alive, give age _____ years

8. AGE:

Years	Months	Days	If less than one day
<u>35</u>	<u>2</u>	<u>23</u>	_____ hrs. _____ min.

9. Birthplace

Lusby, Maryland
 (Town, county, and state)

10. Usual occupation

Labourer

11. Industry or business

U.S. Navy Base

FATHER

12. Name John Parvian Gough

13. Birthplace

Sr. Mary's Co. Md

MOTHER

14. Maiden name Emma Bishop

15. Birthplace

Lusby, Maryland

16. Informant

Catherine Gough

Address

Lusby, Maryland

17.

Burial Date thereof June 7-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Sr. John's Meth. Cemetery

Location

Lusby, Maryland

18. Funeral director

Hubert Sewell

Address

Prince Frederick, Md

19.

6/5 47 A.E.S. Coster
 (Date rec'd by registrar) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1947 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____
 and that I last saw him _____ alive on _____ 19____

Immediate cause of death

Pulmonary Hemorrhage

Due to

Fractured ribs

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

_____ Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 6/4/47

Where did injury occur? Lusby, Calvert Maryland
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Home

Means of injury Automobile fell on him Injured at work? —

23. SIGNATURE

E.S. Coster - anion-med exam.

Solomons, Md M. D. or other _____

Address _____ Date signed 6/5/47

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JUN 11 1947

BUREAU 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

136

04860

Reg. Dist. No.

1. PLACE OF DEATH:

County..... CALVERT COUNTY
 City or town..... PRINCE FREDERICK
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

CALVERT CO. HOSPITAL

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... MARYLAND County..... CALVERT

City or town..... PRINCE FREDERICK
 (If outside city or town limits, write RURAL and give nearest town)

Street No.....
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Joseph Graham

3. (b) Social Security Number

4. Sex

M

5. Color or race

C

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

June 6 1947

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

2 hrs.

min.

9. Birthplace.....

Calvert Co. Hosp. Pr. Fredrick
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER

12. Name.....

JOSEPH GRAHAM

13. Birthplace.....

Calvert County

MOTHER

14. Maiden name.....

VIOLET GROSS

15. Birthplace.....

Calvert County

16. Informant.....

Joseph Graham

Address

Prince Frederick Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

June 7 1947
(month) (day) (year)

Cemetery or crematory.....

Lanes Marlboro

Location.....

Cal. Co., Md.

18. Funeral director.....

Joseph Graham

Address

Lanes Marlboro, Md.

19.

(Date rec'd by registrar)

June 7 1947H. W. Ward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... JUNE 6 1947 at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to..... 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death.....

Spontaneous
apex 3 1/2 weeks

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Prince Frederick Md. Date signed..... 6-7-47

RECEIVED

JUN 12 1947

BUREAU V C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

04861/40

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Cabot
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Cabot
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war WW

3. (a) FULL NAME

William B. Gray

3. (b) Social Security Number

no

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

B. (b) Name of husband or wife

Sallie H. Gray

7. Birth date of

deceased (mo., day, yr.)

June 29, 1863

B. (c) If alive, give age _____ years

8. AGE:

Years

83

Months

11

Days

12

It less than one day

hrs. _____ min.

9. Birthplace

Cabot Co., Md
 (Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

12. Name

Safayette Gray

13. Birthplace

Cabot Co., Md

14. Maiden name

Barbara Bowen

15. Birthplace

Cabot Co., Md

16. Informant

Bruce Gray

Address

Mutual, Md

17. Burial

(Burial, cremation, or removal. Which?)

Central

Cemetery or crematory

Barstow, Md

Location

Barstow, Md

18. Funeral director

A. A. Harkness & Son

Address

Mutual, Md

19. 6-12

19. 47

H. W. Evans

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 11, 1947 at 4 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. _____ to 19. _____

and that I last saw him _____ alive on _____ 19. _____

Immediate cause of death

Coronary Thrombosis

Due to _____

Due to _____

Other conditions

Hypertension arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? _____

(City or town) _____ (County) _____ (State) _____

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

Dr. Williams

M. D. or other _____

Address _____ Date signed June 12, 1947

RECEIVED

JUN 18 1947

BUREAU C S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04862 /41

Reg. Dist. No. 57

1. PLACE OF DEATH: Calvert Hospital
 County.....
 City or town..... Prince Frederick md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Calvert
 City or town..... St Leonards, md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
George P. Janey

3. (b) Social Security Number

4. Sex..... m
 5. Color or race..... C
 6. (a) Single, married, widowed, or divorced..... X
 6. (b) Name of husband or wife..... Eliza Janey
 6. (c) If alive, give age..... 60 years
 7. Birth date of deceased (mo., day, yr.)..... July 31, - 1887
 8. AGE: Years..... 60 Months..... Days..... If less than one day..... hrs. min.

9. Birthplace..... md
 (Town, county, and state)

10. Usual occupation..... Farmer

11. Industry or business

FATHER
 12. Name..... Benjamin Janey
 13. Birthplace..... md

MOTHER
 14. Maiden name..... Mariah Howe
 15. Birthplace..... md.

16. Informant..... Eliza Janey
 Address..... St Leonards md.

17. Burial..... 6-18-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Brooks Chapel
 Location..... Calvert

18. Funeral director..... P. E. Seewell
 Address..... Prince Frederick, md.

19. 6-16 19. 47 N-W. Ward
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 6-14, 1947 at..... 30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
12 June 1947 to 14 June 1947
 and that I last saw him alive on 14 June 1947

Immediate cause of death..... Central Thrombosis

DURATION

Due to..... Hypertensive Cardio-vascular Disease

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

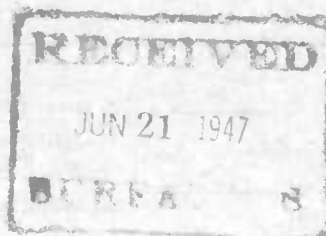
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Thomas M. Hutelmy, M.D.
 M. D. or other

Address..... Prince Frederick, md. Date signed 18 June 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04863, ✓

Reg. Dist. No. 5 ✓

1. PLACE OF DEATH:

County Calvert
 City or town Chester Beach
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Geo.
 City or town Capitol Hgts.
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 408 64th Ave
 (If rural, give LOCATION)

2.(a) If veteran, name war

none

3. (a) FULL NAME

Walter W. Schueller

3. (b) Social Security Number

(Schenlen)

4. Sex

M

5. Color or race

W

6. (d) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

13 yrs.11 months13 days13 hrs.13 min.13 yrs.13 months13 days13 hrs.13 min.13 yrs.13 months13 days13 hrs.13 min.13 yrs.13 months13 days13 hrs.13 min.

6. (c) If alive, give age..... years

July 24th 1933

8. AGE: Years Months Days If less than one day

13 yrs. 11 months 13 days 13 hrs. 13 min.

9. Birthplace

New York

10. Usual occupation

Student

11. Industry or business

Frank Schueller, Jr.

12. Name

New York

13. Birthplace

Emily C. Hecker

14. Maiden name

New York

15. Birthplace

Frank Schueller

16. Address

408 64th Ave Capt. Hgts Md.

17. Burial

6-19-47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Wash. Natl.

Location

Chittenden Md.

18. Funeral director

W. W. Chambers & Co

Address

517 11th St. E.

19. June 17 1947

(Date rec'd by registrar)

Emile S. Hutchins

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 15 1947 2:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw him alive on 19...

Immediate cause of death

Drowned

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

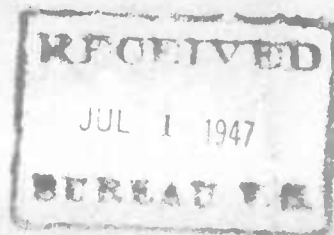
23. SIGNATURE

Emile S. Hutchins

Address

Date signed

6/18/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04864

137

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CalvertCity or town Pr. Frederick, Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County CalvertCity or town North Beach
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife _____

7. Birth date of
deceased (mo., day, yr.)

6. (c) If alive, give age _____ years

8. AGE:

64

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Washington, D. C.
(Town, county, and state)

10. Usual occupation

District Government

11. Industry or business

FATHER

12. Name

William Smithson

13. Birthplace

? Mathews

MOTHER

14. Maiden name

? Mathews

15. Birthplace

? Mathews

16. Informant

Hospital Records

Address

Prince Frederick, Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

June 6, 1947
(month) (day) (year)

Cemetery or crematory

Cedar Hill

Location

Smithland, Md

18. Funeral director

D. A. Harkness & Son

Address

Mt. Airy, Md

19.

(Date rec'd by registrar)

19 47H. W. Ward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 19 47 at 9 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 1945 to 6-3 19 47and that I last saw him alive on 6-2 19 47Immediate cause of death: Thrombosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

Paul J. J.

M. D. or other

Address

Prince Frederick
Md.Date signed 6/3/47

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JUN 12 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04865

144

183

Reg. Dist. No. 51

1. PLACE OF DEATH:

County CalvertCity or town Darnell
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CalvertCity or town Darnell
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Charles M. Thomas

3. (b) Social Security Number

4. Sex

m

5. Color or race

c

6.(a) Single, married, widowed, or divorced

widowed

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Apr 30, 1914

8. AGE:

Years

Months

Days

If less than one day

33

hrs. min.

9. Birthplace

Wash. D.C.
(Town, county, and state)

10. Usual occupation

Fisherman

11. Industry or business

FATHER

12. Name

Walter Thomas

13. Birthplace

Wash. D.C.

MOTHER

14. Maiden name

Ida Thomas

15. Birthplace

Wash. D.C.

16. Informant

John Bean

Address

Darnell

17.

(Burial, cremation, or removal, which?)

Date thereof

7/3/47
(month) (day) (year)

Cemetery or crematory

Great Mills

Location

St Marys County

18. Funeral director

P. E. Sewell

Address

Prince Frederick, Md.

19.

(Date rec'd by registrar)

7-3 19-47

N-W Ward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 30 1947 at 4:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19____, to 19____

and that I last saw him alive on 19____

Immediate cause of death

drowning

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 9 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 6-30-47Where did injury occur? Darnell Calvert md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) home

Means of injury

Injured at work? yes

23. SIGNATURE

H. C. Sewell

Deputy medical Examiner M. D. or other

Address Prince Frederick, Md. Date signed 7/3/47

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JUL 8 1947

BUREAU V. A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

04866# 138

CERTIFICATE OF DEATH

Reg. Dist. No. 11

1. PLACE OF DEATH:

County Calvert
 City or town Sunderland
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 37 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert
 City or town Sunderland, Calvert Co. Md.
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Dora West

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

8.(b) Name of husband or wife Walter Scott West.

7. Birth date of deceased (mo., day, yr.) NOV 8, 1870
 6.(c) If alive, give age _____ years

8. AGE: Years 77 Months 7 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Port Tobacco, Charles Co., Md.
(Town, county, and state)10. Usual occupation Hotel Proprietor11. Industry or business Hotel Business12. Name William Welsh13. Birthplace Charles County, Md.14. Maiden name Sarah Owens15. Birthplace Charles County, Md.16. Informant Melton GordonAddress Sunderland, Calvert Co. Md.

17. Burial Date thereof June 13, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Prospect Hill CemeteryLocation Washington, D.C.18. Funeral director William Lee's Sons Co.Address 300 - 1st St. N. E.19. 6-10 47 N. W. Ward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 June 1947 at 10⁴⁵ P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10 Dec 1946 to 9 June 1947

and that I last saw her alive on 8 June 1947Immediate cause of death cerebral hemorrhage

DURATION

Due to Hypertensive Cardiovascular disease

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Thomas M. Hutchins, M.D.Address Prince Frederick, Md. M. D. or other _____Date signed 10 June 1947

RECEIVED

JUN 12 1947

BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04867 # 143

Reg. Dist. No. 51

1. PLACE OF DEATH: <u>Calvert</u> County..... City or town..... (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Calvert</u> City or town..... (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2.(a) If veteran, name war			
3. (a) FULL NAME <u>John Winston</u>				3. (b) Social Security Number			
4. Sex <u>m.</u>		5. Color or race <u>C.</u>		6. (a) Single, married, widowed, or divorced <u>X</u>			
6. (b) Name of husband or wife <u>Sadie Winston</u>				6. (c) If alive, give age <u>64</u> years			
7. Birth date of deceased (mo., day, yr.) <u>April 1881</u>				8. AGE: Years <u>66</u> Months Days If less than one day hrs. min.			
9. Birthplace <u>md.</u> (Town, county, and state)				10. Usual occupation <u>Farmer.</u>			
11. Industry or business <u>P</u>				12. Name <u>P</u>			
13. Birthplace				14. Maiden name <u>Ammie Wallace</u>			
15. Birthplace <u>md.</u>				16. Informant <u>Sadie Winston</u> Address <u>Dares, md.</u>			
17. Burial <u>Burial</u> Date thereof <u>6-28, 47</u> (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory <u>Browns.</u> Location <u>Calvert</u> 18. Funeral director <u>P.E. Sewell</u> Address <u>Prince Frederick</u>				20. DATE OF DEATH <u>25 June 1947</u> at <u>8:10</u> PM 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>2 June 1944</u> to <u>25 June 1947</u> and that I last saw him alive on <u>2 June 1947</u> Immediate cause of death <u>Septicemic febrile disease</u> Other conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.			
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?				23. SIGNATURE <u>[Signature]</u> M. D. or other Address <u>[Signature]</u> Date signed			

Registar

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JUL 2 1947

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